



**COUNTY OF ERIE  
DIVISION OF PURCHASE  
MEMORANDUM**

**To:** All Using Departments

**From:** Jamie Kucewicz, Buyer

**Date:** June 6, 2022

**Subject:** JANITORIAL SERVICES AT JESSE NASH HEALTH CLINIC

**Effective Dates:** June 8, 2022 through June 7, 2023

**Vendor #:** 109435

**Vendor:** NEW YORK STATE INDUSTRIES FOR THE DISABLED  
11 Columbia Circle Drive  
Albany, NY 12203

**Contact:** Margie Werder

**Telephone:** 716-875-9232

**Pricing:** per attached document



## OVERVIEW

### **Application Submission Process Summary:**

1. The Purchasing Agency fills out Form 1 and sends it to the Preferred Source Facilitating Entity (NYSPSP/NYSID) with supporting documents (i.e. scope of work).
2. The Preferred Source Facilitating Entity (NYSPSP/NYSID) fills out Forms 2 and 3, and submits them to the Purchasing Agency with attachments as applicable. Form 3 must be submitted in Excel format in addition to the application PDF.
3. The Purchasing Agency will review all forms and attachments included in the Preferred Source Facilitating Entity's Service Application. If the Purchasing Agency has questions or concerns regarding Forms 2 and 3, they must be addressed with the Preferred Source Facilitating Entity (NYSPSP/NYSID) before signing Form 4.
4. The Purchasing Agency completes Form 4 and submits all forms and attachments back to the Preferred Source Facilitating Entity.
5. The Preferred Source Facilitating Entity will submit all required Service Application documents (listed below) to OGS at [OGS.sm.PS\\_CM\\_PREFERREDSource@ogs.ny.gov](mailto:OGS.sm.PS_CM_PREFERREDSource@ogs.ny.gov) for review.

### **Instructions for Submission of a Complete Application:**

1. All required documents found in the list below must be completed prior to submission to OGS.
2. All required documents found in the list below must be included in the initial submission to OGS.
3. Authorized signatures from a Preferred Source Facilitating Entity, Preferred Member, Corporate Partner (if applicable), and Purchasing Agency must be included where indicated.
4. Page numbers are required on all documents in the application.
5. Form 3 must be submitted in Excel format.
6. All cost backup information must be attached to Form 3.
7. The Market Comparison must be based on the OGS Guide to Prevailing Markets. Please click the following link to access the document: <https://ogs.ny.gov/procurement/preferred-sources-resources#forms>
8. All forms and documents must be scanned into a single PDF formatted file.
9. The PDF must be legible, correctly oriented and submitted with the Excel file via e-mail to [OGS.sm.PS\\_CM\\_PREFERREDSource@ogs.ny.gov](mailto:OGS.sm.PS_CM_PREFERREDSource@ogs.ny.gov)
10. This Overview document will serve as the cover to your application packet. You must click on the hashtag symbols (#) below and enter the appropriate page numbers to complete this form prior to submission.

**Note:** Failure to provide a complete application may result in the return of the application to the Preferred Source Facilitating Entity (NYSPSP/NYSID) for resolution.

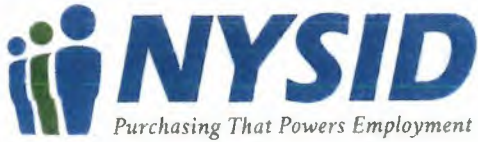
### **INDEX OF DOCUMENTS REQUIRED FOR SUBMISSION OF A COMPLETE APPLICATION**

The Documents for THIS APPLICATION are presented in the order listed below:

PREFERRED SOURCE SERVICE APPLICATION OVERVIEW .....	1
PREFERRED SOURCE FACILITATING ENTITY APPLICATION LETTER TO OGS .....	2
FORM 1- PURCHASING AGENCY STATEMENT OF WORK.....	# 3
FORM 2- PREFERRED SOURCE FACILITATING ENTITY SERVICE APPLICATION .....	# 11
FORM 3- PREFERRED SOURCE COST SUMMARY .....	# 23
FORM 4- PURCHASING AGENCY APPROVAL.....	# 45
ATTACHMENT 1- MARKET COMPARISON.....	# 46

#### **IF APPLICABLE:**

ATTACHMENT 2- DESIGNATING AGENCY CORPORATE PARTNER APPROVAL .....	# N/A
ATTACHMENT 3- PREVAILING WAGE SCHEDULE .....	# 55
ATTACHMENT 4- PRIOR CONTRACT APPROVAL LETTER .....	# 62



**CORPORATE OFFICE**

www.nysid.org | (518) 463-9706 | 800-221-5994

11 Columbia Circle Drive West • Albany, NY 12203  
June 2, 2022

Mr. Sean Hume  
New York State Office of General Services  
Procurement Services  
38th Floor - Corning Tower  
Empire State Plaza  
Albany, NY 12242

Dear Mr. Hume:

New York State Industries for the Disabled, Inc. (NYSID) is applying for price approval pursuant to Section 162 (6) of the New York State Finance Law for the proposed services listed below.

The NYSID member agency on whose behalf this application is being submitted is duly authorized by the New York State Education Department- Adult Career & Continuing Education Services- Vocational Rehabilitation (SED ACCES-VR) to perform as a preferred source. All of the forms stipulated on the Preferred Source Service Application Overview Form are enclosed.

NYSID hereby certifies compliance with all relevant provisions of the New York State Labor Law. NYSID further certifies that the actual composition of the work force meets the standard utilized in verifying the percentage of individuals comprising this project.

Member Agency: Erie County Chapter NYSARC, Inc, d/b/a The ARC Erie County New York or  
Heritage Centers/Allentown Industries

Address: 30 Wilson Road  
Williamsville, NY 14221

Procuring Agency: Erie County

Address: Rath Building 95 Franklin Street  
Buffalo, NY 14202

Contact Person: James Kucewicz Title: Buyer

Phone #: 716-585-6336 Email: James.Kucewicz@erie.gov

Service Performed: Janitorial, Carpet Cleaning and Floor Maintenance

Location: Erie County Jesse Nash Health Center: 608 William St., Buffalo NY 14206

Term: 6/8/2022-6/7/2023 with 3, 1-year option to renew  
\$8,752.79/month, \$105,033.44/year with annual PW adjustments as mandated by

Proposed Price: NYS DOL

OGS Notes:

Sincerely,

  
Meredith Hartman  
Vice President, Contract Administration



**Purchasing Agency  
Statement of Work  
For Preferred Source Services**

**FORM 1**

**Each of the sections below must be completed.  
Additional documents may be attached.**

**To be completed by the Purchasing Agency.**

**Date:** 4/11/2022

**Project Information**

Purchasing Agency Name	Erie County
Contact Name	Jamie Kucewicz
Contact Email	James.kucewicz@erie.gov
Contact Phone Number	716-585-6336
Contact Street Address	95 Franklin Street, Rath Building
City, State Zip	Buffalo, NY 14202
Project Name	Janitorial Services at Jesse Nash Health Center
Proposed Start Date	6/8/2022
Preferred Source Facilitating Entity	NYSID

**Approved Preferred Source Service(s):** [Click here](#) for a link to the detailed list of Preferred Source offerings. Please be sure to review the definitions of the service(s) you are selecting to ensure that the correct one(s) are chosen. Select appropriate service(s) from the drop down list of approved services. **Form fields will expand as text is entered.**

**Only approved services are listed. If the service you are looking for is not listed, follow the purchasing order of precedence established under NYS Finance Law § 163 (3)(a)(i), <http://codes.findlaw.com/ny/state-finance-law/stf-sect-163.html>.**

**NYSPSP APPROVED SERVICES**

• Choose an item	• Choose an item
• Choose an item	• Choose an item
• Choose an item	• Choose an item
• Choose an item	• Choose an item
• Choose an item	• Choose an item

**NYSID APPROVED SERVICES**

• Janitorial	• Choose an item
• Floor Maintenance	• Choose an item
• Carpet Cleaning	• Choose an item
• Choose an item	• Choose an item
• Choose an item	• Choose an item

Form 1  
Purchasing Agency  
Statement of Work for Preferred Source Offerings

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Has your Purchasing Agency held a competitively awarded contract for this service within the last five years?

No

If yes, please attach a copy of the contract scope and pricing to Form 1.

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***Proposed Contract Term***

6/8/2022-6/7/2023 with 3, 1-year options to renew

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***Scope of Work***

Describe the actual tasks that the Preferred Source will be expected to perform. As with all other portions of Form 1, every effort should be made to include as much detail as possible.

Please see attached

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***Work Location(s)***

608 William Street, Buffalo, NY

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If the service is subject to Article 9 Prevailing Wage requirements, click on the link below to request the appropriate PRC number and enter it in the box below.

<https://labor.ny.gov/workerprotection/publicwork/PWReqforOWS.shtm>

PRC NUMBER 2022900402

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***Special Requirements***

Describe any special requirements, (i.e. certifications, industry standards, mandatory staffing levels, emergency requests, security, uniform, or background checks) for the service(s) being performed.

N/A

Form 1  
Purchasing Agency  
Statement of Work for Preferred Source Offerings

By signing Form 1, I do so attest that:


- I have completed all required B-1184 documentation for this procurement, or, if a B-1184 is not required, I certify that my organization will have access to sufficient funds to meet this obligation.
- I have the authority to sign on behalf of the Purchasing Agency.
- I am responsible for reviewing the Preferred Source Facilitating Entity's complete Service Application and signing Form 4.

Purchasing Agency Authorized Signature

Print Name

Title

Date

  
James Kucewicz  
Buyer  
4/11/22

1. Upon completion of Form 1, the Purchasing Agency must forward to the Preferred Source Facilitating Entity(ies) and retain a copy for the Agency's procurement record.
2. Upon acceptance of a complete Service Application from the Preferred Source Facilitating Entity, the Purchasing Agency must review and sign Form 4.

**NOTE:** The Purchasing Agency must give the Preferred Source Facilitating Entity(ies) ten days to respond. It is the responsibility of the Purchasing Agency to follow all applicable finance laws and keep copies of these documents for their procurement record.

## **SOW for Jessie Nash Health Center**

### **All offices, reception areas, meeting rooms, classrooms and waiting rooms**

#### **To be completed 5 days a week**

- Dust all office furniture, sill, and ledges
- Sanitize all telephones, light switches, and door handles
- Empty trash containers and replace linear
- If tile floor: dust mop and then damp mop floor
- If carpeted, vacuum carpet

### **All Corridors and Passageways**

#### **To be completed 5 days a week**

- Disinfect all telephones, light switches and door handles
- Empty trash containers and replace linear
- If tile floor: dust mop and then damp mop floor
- If carpeted, vacuum carpet

### **Lobby Entrances**

#### **To be completed 5 days a week**

- Disinfect all door handles
- Clean all glass
- Sweep and mop floors

### **Exam Rooms**

#### **To be completed 5 days a week**

- Disinfect all sinks, counters, chairs, door handles, light switches
- Disinfect all dispensers, refill when necessary
- Empty all trash containers and replace linear
- Sweep and damp floors

### **Restrooms**

#### **To be completed 5 days a week**

- Fill all soap, paper towel, and toilet paper dispensers.
- Sanitize all dispensers
- Sanitize all sinks, toilets; including the bottom part of toilet, and all urinals; including the bottom part of the urinal
- Sanitize all mirrors
- Spot clean all tile; wiping off tile especially underneath soap dispensers and paper towel dispensers
- Spot clean all partitions
- Empty all trash, replace linear, also empty all sanitary bags in lady's bathroom
- High/low end dust; including the tops of the partitions and mirrors:
- Dust/clean all air vents: 1x a week
- Spot clean all doors and light switches

- Tile floor: Sweep floor; garbage cans, and sweeping behind doors
- Tile floor: Damp mop floor; garbage cans, and mopping behind doors

### **Breakroom / Kitchen Areas**

#### **To be completed 5 days a week**

- Empty all trash; replace liner
- High/low end dust: 1x a week
- Dust/clean all air vents: 1x a week
- Tile floor: Sweep floor; moving chairs and garbage cans, and sweeping behind doors
- Tile floor: Damp mop floor; moving chairs and garbage cans, and mopping behind doors
- Sanitize all tables, counter tops, and sanitize all sink
- Sanitize inside and outside of microwaves
- Sanitize outside of fridge
- Sanitize all door handles and light switches

### **Building Exterior**

#### **To be completed 5 days a week**

Inspect parking lot and other adjacent areas to pick up any trash

Building exterior refers to the parking lot, area on the side and front of building and the 2 patios all on the same property. Duties include sweep leaves/broken glass etc., pick up garbage and empty all garbage cans and replace bags.

#### **Twice a year:**

- Strip and Wax all VCT  
tile Shampoo Carpets

### **Approximate Square Footage as follows:**

Basement- 6300 SF – clean only the classroom and 2 bathrooms once a month

First Floor- 13,300 SF – cleaning most of the first floor

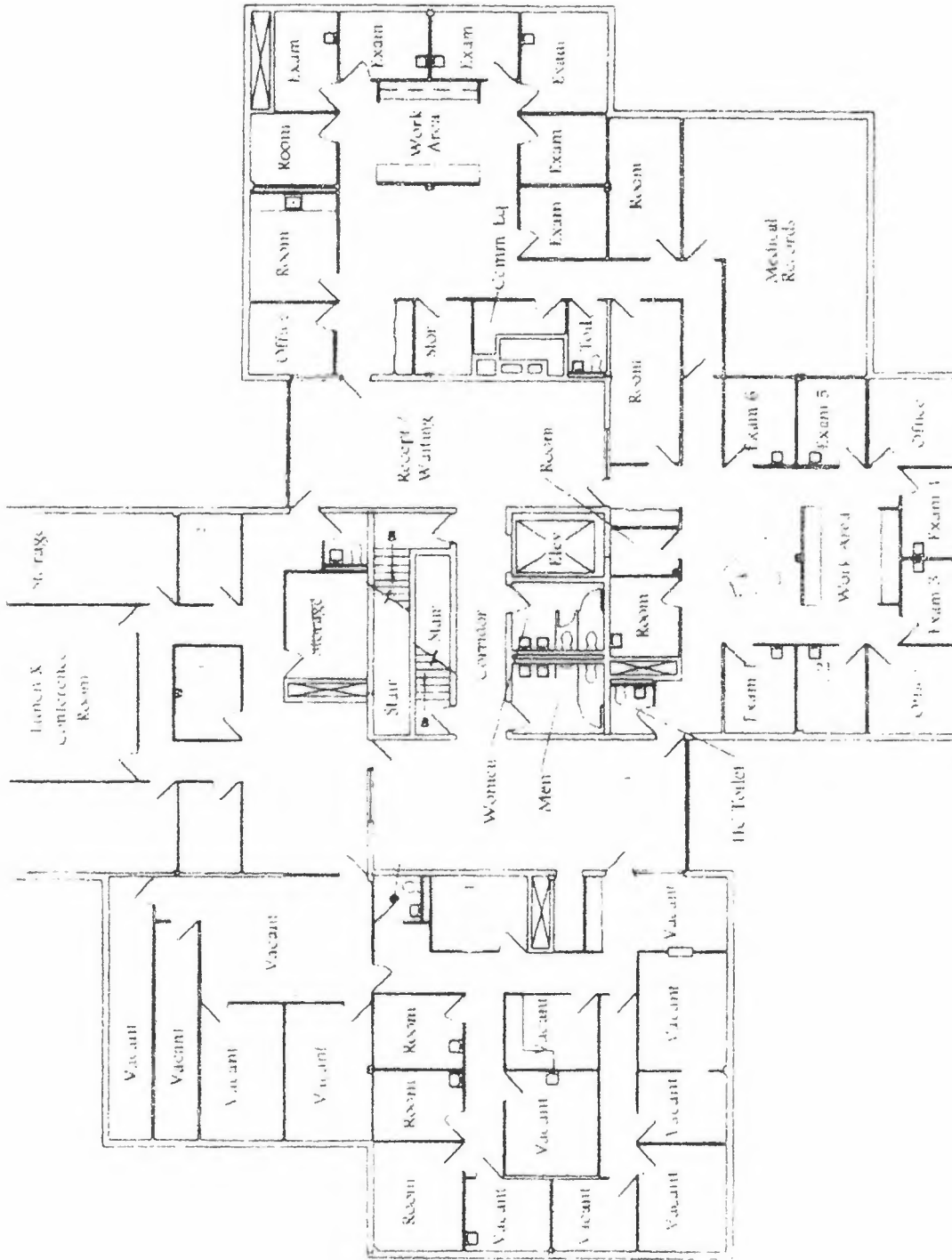
Second Floor – 10,800 SF – cleaning the entire 2<sup>nd</sup> floor

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Jesse Nash Health Center

Square Footage Verification





2007



**Preferred Source Facilitating Entity  
Service Application**

**FORM 2**

*Each of the sections below must be completed.  
Additional documents may be attached.*

**To be completed by the Preferred Source Facilitating Entity:** NYSID  
**Date:** 5/19/2022

**Member Agency Information**

Member Agency:	The ARC Erie County New York
Contact Person:	Mark Hogg
E-Mail:	mhogg@arceriecounty.org
Phone #:	716-207-9283
Street Address:	30 Wilson Rd
City, State Zip:	Williamsville, NY 14221

**Corporate Partner Information (If applicable)**

Corporate Partner Name:	<a href="#">Click here to enter text.</a>
Contact Person:	<a href="#">Click here to enter text.</a>
E-Mail:	<a href="#">Click here to enter text.</a>
Phone #:	<a href="#">Click here to enter text.</a>
Street Address:	<a href="#">Click here to enter text.</a>
City, State Zip:	<a href="#">Click here to enter text.</a>

**Purchasing Agency Information**

Purchasing Agency:	Erie County
Contact Person:	James Kucewicz
E-Mail:	James.Kucewicz@erie.gov
Phone #:	(716) 585-6336
Street Address:	Rath Bldg. 95 Franklin St.
City, State Zip:	Buffalo, NY 14202

**Form 2**  
Preferred Source Facilitating Entity Service Application

**Prevailing Wage Information**

Is this service subject to Article 9 of the NYS Labor Law?	Yes
If yes, please enter the PRC number from Form 1 in the box below and attach the correct Prevailing Wage Schedule to this form.	2022900402
Is this service subject to the <u>New York City</u> Prevailing Wage Schedule?	No If Yes, please attach the correct Prevailing Wage Schedule to this form.

**Each of the sections below must be filled out.**  
**Additional documents may be attached if necessary.**  
**Form fields will expand as text is entered.**

**Approved Preferred Source Service(s)** Click here for a link to the detailed list and definitions of approved Preferred Source offerings. Please be sure to review the definitions of the service(s) you are selecting to ensure that the correct one(s) are chosen. Select appropriate service(s) from the drop down list of approved services. The service proposed must align with the customer scope of work.

**NYSPSP APPROVED SERVICES**

• Choose an item.	• Choose an item.
• Choose an item.	• Choose an item.
• Choose an item.	• Choose an item.
• Choose an item.	• Choose an item.
• Choose an item.	• Choose an item.

**NYSID APPROVED SERVICES**

• Janitorial	• Choose an item.
• Floor Maintenance	• Choose an item.
• Carpet Cleaning	• Choose an item.
• Choose an item.	• Choose an item.
• Choose an item.	• Choose an item.

**Provide a detailed response to the Purchasing Agency Statement of Work (Form 1) in the fields below.**

**Please list the actual tasks to be performed and their frequency:**

5x's a week cleaning; please see Form 1 for SOW

**Please list all applicable deliverables that the Preferred Member or Corporate Partner will provide (i.e. document images, reports, etc.):**

N/A

**Please list the job titles and their descriptions that the proposed project will require:**

Please see attached job descriptions

**Please provide an estimated timeline for completion, and a work schedule for the proposed contract:**

6/8/2022-6/7/2023

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***Work Location(s)***

Jesse Nash Health Center, 608 William Street, Buffalo, NY 14206

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***Proposed Contract Term***

6/8/2022 to 6/7/2023, with 3, 1-year options to renew

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***Proposed Contract Price – Total value, annual value, unit price(s) as applicable***

\$105,033.44/year, \$8,752.79/month with annual PW adjustments as mandated by NYS DOL

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***Special Requirements***

Describe any special requirements, (i.e. certifications, industry standards, mandatory staffing levels, emergency requests, security, uniform, or background checks) for the service(s) being performed.

N/A

**Form 2**  
**Preferred Source Facilitating Entity Service Application**

By signing below, the undersigned attests that they have completed the following:

1. Reviewed Form 1 from the Purchasing Agency and confirmed that the Preferred Source Facilitating Entity, Preferred Source Member and, if applicable Corporate Partner are able to satisfy the form, function, and utility of the service required;
2. Responded to any concerns, suggestions, or questions submitted in writing by the purchasing agency;
3. Completed Forms 2 & 3.

The undersigned recognizes that this Service Application (Forms 1, 2, 3, and any additional attachments) is submitted for the express purpose of assisting the New York State Office of General Services ("OGS") in making a determination regarding approval of the Service Application and that OGS will rely on the information disclosed in this Service Application in making its determination. The undersigned acknowledges that OGS may, in its discretion, verify the truth and accuracy of all statements made and information provided herein. The undersigned agrees and acknowledges that this Service Application may become part of the final contract if a contract is executed. The undersigned acknowledges that the final fully executed contract may be posted or otherwise made publicly available. The undersigned attests that they are authorized to sign on behalf of the Preferred Source Facilitating Entity, Preferred Source Member and, if applicable, Corporate Partner. The undersigned further attests that they have read each page of the attached Service Application and are in agreement with the scope of the work described therein, the prices contained therein, and all other material terms.

**Preferred Source Member Authorized Signature:**

Printed Name:  
Date:

*Douglas DiGesare*  
*5/19/22*

**Corporate Partner Authorized Signature (if applicable):**

Printed Name:  
Date:

Click here to enter text.  
Click here to enter text.

**Preferred Source Facilitating Entity Authorized Signature:** *Kat VanFonda*

Printed Name: Kat VanFonda  
Date: 5/25/2022

1. Upon completing and signing Forms 2 and 3, submit the completed application to the Purchasing Agency via mail or e-mail along with the Market Comparison, Designating Agency Corporate Partner Approval (if applicable), Prevailing Wage Schedule (if applicable), and a Prior Contract Approval Letter (if applicable).
2. Preferred Source Facilitating Entity must obtain Purchasing Agency signature of approval (Form 4) before submitting an application to NYS OGS.